

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001790

**FILED**  
**Apr 02, 2015**  
**Secretary of State**  
**CC1354970755**

**Entity Name:** PALM COAST PLANTATION HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**FEI Number: 56-2253374**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MAY MANAGEMENT SERVICES, INC.  
5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PRESIDENT	Title	VP, TREASURER
Name	EXTROM, JOHN	Name	MAGEE, FRANK
Address	5455 A1A SOUTH	Address	5455 A1A SOUTH
City-State-Zip:	ST. AUGUSTINE FL 32080	City-State-Zip:	ST. AUGUSTINE FL 32080

Title            SECRETARY  
Name            GORJACZEW, LARRY  
Address        5455 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: FRANK MAGEE**

**VP**

**04/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date